



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
MEDICAL LABORATORY BOARD
HEALTH RELATED BOARDS
METRO CENTER COMPLEX
665 MAINSTREAM DR 2nd FL
NASHVILLE, TN 37247-1010
(615) 532-3202
1-888-778-1423 ext. 5325128
www.tennessee.gov

APPLICATION
FOR
A LICENSE TO OPERATE
A COLLECTION STATION

TYPE OF APPLICATION

- () Initial \$700.00
() Regulatory Fee \$5.00

NO TESTING ALLOWED IN COLLECTION STATIONS

Application should be typed or legibly printed in ink.

Enclose a check for \$705 with applications. DO NOT MAIL CASH. Make check or postal money order payable to the STATE OF TENNESSEE.

MAIL THE ORIGINAL DOCUMENT
KEEP A COPY FOR YOUR RECORDS

FOR OFFICIAL USE ONLY

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Please submit to:

Department of Health
 Division of Health Related Boards
 Medical Laboratory Board
 Metro Center Complex
 665 Mainstream Dr 2nd FL
 Nashville, TN 37243

5029)001
 5029)002
 5029)002
 5029)006

Initial Fee	\$700
Renewal Fee	\$700
Penalty Fee	\$500
Regulatory Fee	\$ 5

Collection Station Name: _____

Collection Station Address (Street, City, County, Zip): _____

Mailing Address: _____

Telephone No. () _____ - _____

Type of ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Government

Owner's Name (Individual(s) or partner(s) or officer if corporation): _____

Owner's Address: _____

Telephone No. () _____ - _____

Collection Station Director's Name: _____

Address: _____

Telephone No. () _____ - _____

Highest Educational Degree: _____ Current State License Held: _____

Date Became Director of this Collection Station: _____

If certified by American Specialty Board(s), ☐ Yes ☐ No

If "Yes" - Name of Board(s): _____

Other names and addresses of additional laboratories or collection stations directed by this individual: _____

REFERRED SPECIMENS

A. Please provide the name and address of the laboratories that receive the specimens from this collection station.

Personnel Working in the Collection Station

List the name of each individual working in the collection station to include the medical laboratory director as well as phlebotomist. If the phlebotomist is registered, please include that number and the name of the Registry (AMT, ASCP, etc) along with the expiration date of their certification. A collection station license will not be issued without this information.

[illegible]

Tennessee Code Annotated - Chapter 29 Medical Laboratories

68-29-126. Suspension, Revocation and Denial of Medical Laboratory License - Grounds. The board has the power to suspend or revoke a medical laboratory license or to deny the issuance or renewal of a license or deny approval whenever a medical laboratory owner or director or owner of a medical laboratory training facility commits any of the following offenses:

- (1) Making false statements on an application for a medical laboratory license or any other documents required by the board;
- (2) Permitting unauthorized persons to perform technical procedures or to issue or sign reports;
- (3) Demonstrating incompetence or making consistent errors in the performance of medical laboratory examinations and procedures;
- (4) Reporting which is erroneous;
- (5) Performing a test and rendering a report thereon to a person not authorized by law to receive such services;
- (6) Referring a specimen for examination to a medical laboratory which has not been licensed under this chapter, with exceptions noted in §68-29-104;
- (7) Rendering a report on medical laboratory work actually performed in another medical laboratory without designating the name of the director and the name and address of the medical laboratory in which the test was performed;
- (8) Having professional connection with or lending the use of the name of the licensed medical laboratory or its director to an unlicensed medical laboratory;
- (9) Making statements, in writing or orally, of a character tending to deceive or mislead physicians, dentists or hospitals;
- (10) The performing of cytological and anatomical pathological examinations in a medical laboratory not under the direction of a pathologist certified or eligible for certification by the American Board of Pathology, licensed to practice medicine in the State of Tennessee;
- (11) Violating or aiding and abetting in the violation of any provision of this chapter or the rules and regulations promulgated hereunder;
- (12) Failing to file any request or report required by the provisions of this chapter or the rules and regulations promulgated hereunder; or
- (13) Fraudulent advertising for patronage of the general public by means of bills, posters, circulars, letters, newspapers, magazines, directories, radio, television, or any other medium. [Acts 1967, ch. 355, § 26; 1973, ch. 141, § 10; T.C.A., § 53-4126; Acts 1989, ch. 467. 467, §§ 7, 12.]

AFFIDAVIT OF APPLICANT
APPLICANT'S CONSENT AND RELEASE

In applying for licensure in the State of Tennessee, I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary and which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish compliance with the rules and regulations pertaining to medical laboratory facilities in Tennessee.

AUTHORIZE the Board, its staff and their representatives to consult with individuals working in the this laboratory environment to review laboratory techniques, quality control, appropriate practices and any other issues concerning the laboratory medicine in this physical location.

RELEASE from liability the Board, its staff and all their representatives any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning issues of competence, ethics, character, other qualifications for this facility environment.

ACKNOWLEDGE this application for a laboratory license contains the adequate information for a proper evaluation of this laboratory operation concerning the scope of best practices in medical laboratory medicine.

AUTHORIZE release, use and disclosure of health information to the limited extent necessary for this laboratory application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

COLLECTION STATION WORK AREA

FACILITY NAME: _____

FACILITY ADDRESS: _____

DESCRIBE THE PREMISES AND ATTACH A SCALE DRAWING OF THE COLLECTION STATION
WORK AREA

(MAY BE HAND-DRAWN) YOU CAN USE THIS PAGE